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2022-2023 Service Category Definition - Part B

Local Service Category:	Oral Health Care
Amount Available:	To be determined
Unit Cost:	
Budget Requirements or Restrictions (TRG Only):	Maximum of 10% of budget for Administrative Costs
Local Service Category Definition:	<p>Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years of age or older must be based on a comprehensive individual treatment plan. Prosthodontics services to people living with HIV including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.</p> <p>Emergency procedures will be treated on a walk-in basis as availability and funding allows. Funded Oral Health Care providers are permitted to provide necessary emergency care regardless of a client's annual benefit balance. If a provider cannot provide adequate services for emergency care, the patient should be referred to a hospital emergency room.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV residing in the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	<p>Services must include, but are not limited to: individual comprehensive treatment plan; diagnosis and treatment of HIV-related oral pathology, including oral Kaposi's Sarcoma, CMV ulceration, hairy leukoplakia, xerostomia, lichen planus, aphthous ulcers and herpetic lesions; diffuse infiltrative lymphocytosis; standard oral health education and preventive procedures, including oral hygiene instruction, smoking/ tobacco cessation (as indicated), diet counseling and home care program; oral prophylaxis; restorative care; oral surgery including dental implants; root canal therapy; fixed and removable prosthodontics including crowns and bridges; periodontal services, including subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Proposer must have mechanism in place to provide oral pain medication as prescribed for clients by the dentist.</p> <p>Limitations:</p> <ul style="list-style-type: none"> • Cosmetic dentistry for cosmetic purposes only is prohibited. • Maximum amount that may be funded by Ryan White/State Services per patient is \$3,000/year.

2022-2023 Service Category Definition - Part B

	<ul style="list-style-type: none"> • In cases of emergency, the maximum amount may exceed the above cap • In cases where there is extensive care needed once the procedure has begun, the maximum amount may exceed the above cap. • Dental providers must document <i>via approved waiver</i> the reason for exceeding the yearly maximum amount.
Service Unit Definition(s) (TRG Only):	<p>General Dentistry: A unit of service is defined as one (1) dental visit which includes restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan.</p> <p>Prosthodontics: A unit of services is defined as one (1) Prosthodontics visit.</p>
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines. Maximum amount that may be funded by Ryan White/State Services per patient is \$3,000/year.
Client Eligibility:	Person living with HIV; Adult resident of Houston HSDA
Agency Requirements (TRG Only):	<p>To ensure that Ryan White is payer of last resort, Agency and/or dental providers (clinicians) must be Medicaid certified and enrolled in all Dental Plans offered to Texas STAR+PLUS eligible clients in the Houston EMA/HSDA. Agency/providers must ensure Medicaid certification and billing capability for STAR+PLUS eligible patients remains current throughout the contract term.</p> <p>Agency must document that the primary patient care dentist has 2 years prior experience treating HIV disease and/or on-going HIV educational programs that are documented in personnel files and updated regularly. Dental facility and appropriate dental staff must maintain Texas licensure/ certification and follow all applicable OSHA requirements for patient management and laboratory protocol.</p>
Staff Requirements:	State of Texas dental license; licensed dental hygienist and state radiology certification for dental assistants.
Special Requirements (TRG Only):	<p>Must comply with the Houston EMA/HSDA Standards of Care.</p> <p>The agency must comply with the DSHS Oral Health Care Standards of Care. The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.</p>

2022-2023 Service Category Definition - Part B

FY 2022 RWPC “How to Best Meet the Need” Decision Process

Step in Process: Council		Date: 06/10/2021
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06/03/2021
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Improvement Committee		Date: 05/18/2021
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup #2		Date: 04/20/2021
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

20 Houston EMA Ryan White Part A/MAI Service Definition Oral Health/Rural	
HRSA Service Category Title: RWGA Only	Oral Health
Local Service Category Title:	Oral Health – <u>Rural (North)</u>
Budget Type: RWGA Only	Unit Cost
Budget Requirements or Restrictions: RWGA Only	Not Applicable
HRSA Service Category Definition: RWGA Only	Oral health care includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.
Local Service Category Definition:	Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics services to HIV-infected individuals including, but not limited to examinations and diagnosis of need for dentures, diagnostic measurements, laboratory services, tooth extractions, relines and denture repairs.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected individuals residing in Houston Eligible Metropolitan Area (EMA) or Health Service Delivery Area (HSDA) counties other than Harris County. Comprehensive Oral Health services targeted to individuals residing in the northern counties of the EMA/HSDA, including Waller, Walker, Montgomery, Austin, Chambers and Liberty Counties.
Services to be Provided:	Services must include, but are not limited to: individual comprehensive treatment plan; diagnosis and treatment of HIV-related oral pathology, including oral Kaposi's Sarcoma, CMV ulceration, hairy leukoplakia, xerostomia, lichen planus, aphthous ulcers and herpetic lesions; diffuse infiltrative lymphocytosis; standard preventive procedures, including oral hygiene instruction, diet counseling and home care program; oral prophylaxis; restorative care; oral surgery including dental implants; root canal therapy; fixed and removable prosthodontics including crowns, bridges and implants; periodontal services, including subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Proposer must have mechanism in place to provide oral pain medication as prescribed for clients by the dentist.
Service Unit Definition(s): RWGA Only	General Dentistry: A unit of service is defined as one (1) dental visit which includes restorative dental services, oral surgery, root

	<p>canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan.</p> <p>Prosthodontics: A unit of services is defined as one (1) Prosthodontics visit.</p>
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA/HSDA Services</i> .
Client Eligibility:	HIV-infected adults residing in the rural area of Houston EMA/HSDA meeting financial eligibility criteria.
Agency Requirements:	<p>Agency must document that the primary patient care dentist has 2 years prior experience treating HIV disease and/or on-going HIV educational programs that are documented in personnel files and updated regularly.</p> <p>Service delivery site must be located in one of the northern counties of the EMA/HSDA area: Waller, Walker, Montgomery, Austin, Chambers or Liberty Counties</p>
Staff Requirements:	State of Texas dental license; licensed dental hygienist and state radiology certification for dental assistants.
Special Requirements: RWGA Only	<p>Agency and/or dental providers (clinicians) must be Medicaid certified and enrolled in all Dental Plans offered to Texas STAR+PLUS eligible clients in the Houston EMA/HSDA. Agency/providers must ensure Medicaid certification and billing capability for STAR+PLUS eligible patients remains current throughout the contract term.</p> <p>Must comply with the joint Part A/B standards of care where applicable.</p>

FY 2022 RWPC “How to Best Meet the Need” Decision Process

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Step in Process: HTBMTN Workgroup #2		Date: 04/20/2021
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		



ORAL HEALTH CARE SERVICES
2019 CHART REVIEW

PREFACE

DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HSDA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantee's comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantee's. Quality Compliance Reviews focus on issues of administrative, clinical, data management, fiscal, programmatic and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring the area of the finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

Scope of Funding

TRG contracts with two Subgrantees to provide oral health care services in the Houston HSDA.

INTRODUCTION

Description of Service

Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics services to individuals living with HIV including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.

Emergency procedures will be treated on a walk-in basis as availability and funding allows. Funded Oral Health Care providers are permitted to provide necessary emergency care regardless of a client's annual benefit balance. If a provider cannot provide adequate services for emergency care, the patient should be referred to a hospital emergency room.

Tool Development

The TRG Oral Healthcare Review tool is based upon the established local and DSHS standards of care.

Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV care. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

File Sample Selection Process

File sample was selected from a provider population of 3,597 clients who accessed oral healthcare services in the measurement year. The records of 119 clients were reviewed, representing 3.3% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

Demographics- Oral Healthcare Services

2018 Annual

Total UDC: 3416

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	89	2.61%
25 - 44 years	1331	38.96%
45 - 64 years	1784	52.22%
65 years or older	212	6.21%
Unknown	0	0.00%
	3416	100%
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	922	26.99%
Male	2494	73.00%
Transgender FTM	1*	0.02%
Transgender MTF	45*	1.31%
Unknown	0	0.00%
	3416	100%
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	1493	43.70%
Black	1845	54.01%
Hispanic	1045*	30.59%
Asian	39	1.14%
Hawaiian/Pacific Islander	2	0.05%
Indian/Alaskan Native	14	0.41%
Unknown	23	0.67%
	3416	100%

From 01/01/18 - 12/31/18

2019 Annual

Total UDC: 3597

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.0%
02 - 12 years	0	0.0%
13 - 24 years	101	2.8%
25 - 44 years	1450	40.3%
45 - 64 years	1781	49.5%
65 years or older	265	7.4%
Unknown	0	0.00%
	3597	100%
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	978	27.2%
Male	2619	72.8%
Transgender FTM	2*	0.06%
Transgender MTF	43*	1.2%
Unknown	0	0.00%
	3597	100%
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	1591	44.2%
Black	1914	53.2%
Hispanic	1145*	31.8%
Asian	44	1.22%
Hawaiian/Pacific Islander	2	0.06%
Indian/Alaskan Native	15	0.42%
Multi/Unknown	31	0.86%
	3597	100%

From 01/01/19 - 12/31/19



RESULTS OF REVIEW

MEDICAL/DENTAL HISTORY/SCREENING

An initial or updated dental and medical history within the last year is documented in the client's oral healthcare record (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	1	-
Clients records that were reviewed.	119	119	-
Rate	99.2%	0.8%	-

Periodontal Screening/Examination completed within the measurement year in the client's oral healthcare record (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	95	16	8
Clients records that were reviewed.	111	111	119
Rate	86%	14%	6.7%

LIMITED PHYSICAL EXAMINATION

Dental provider obtained an initial baseline blood pressure/pulse reading during the initial limited physical examination and is documented in the client's oral healthcare record. If not obtained, dental provider documented reason.

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	1	-
Clients records that were reviewed.	119	119	-
Rate	99.2%	0.8%	-

ORAL EXAMINATION

Oral examination conducted within the last year is documented in the client's oral healthcare record

	Yes	No	N/A
Number of client records that showed evidence of the measure	116	1	2
Clients records that were reviewed.	117	117	119
Rate	99.1%	0.8%	1.7%

TREATMENT PLAN

Dental treatment plan to include specific diagnostic, preventive, and therapeutic was established or updated within the last year and signed by the oral healthcare professional providing the services (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	104	13	2
Clients records that were reviewed.	117	117	119
Rate	88.9%	11.1%	1.7%

Phase 1 treatment plan to include prevention, maintenance and/or elimination of oral pathology resulting from dental caries or periodontal disease was established within one year of initial assessment and signed by the oral healthcare professional providing the services (HRSA HAB Measure)

	Yes	No	N/A
Number of client records that showed evidence of the measure	89	5	25
Clients records that were reviewed.	94	94	119
Rate	94.7%	5.3%	21%

ORAL HEALTH EDUCATION

Oral health education for oral hygiene instruction and smoking cessation (if applicable) conducted within the last year is documented in the patient's oral healthcare record (HRSA HAB Measure)

	Yes	No	N/A
Client records that showed evidence of an intraoral exam.	89	30	-
Clients in oral health services that were reviewed.	119	119	-
Rate	74.8%	25.2%	-

REFERRALS

Oral health care patients who have documented referrals have outcomes and/or follow-up documentation in the client's oral health care record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	-	1	118
Number of clients records that were reviewed.	1	1	119
Rate	0%	100%	99.1%

MINIMUM DOCUMENTATION/SERVICES

Oral Healthcare patients have evidence that an oral health care record for the patient was established.

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	-	1
Number of clients records that were reviewed.	118	-	119
Rate	100%	-	0.8%

Oral health patients with documented evidence that oral health care services provided met the specific limitations or caps as set forth for the dollar amount and any additional limitations as set regionally for type of procedures, or combination of these.

	Yes	No	N/A
Number of client records that showed evidence of the measure	118	1	-
Number of clients records that were reviewed.	119	119	-
Rate	99.1%	0.8%	-

If the cost of dental care exceeded the annual maximum amount for Ryan White/State Services funding, reason is documented in the patient's oral health care record.

	Yes	No	N/A
Number of client records that showed evidence of the measure	28	1	90
Number of clients records that were reviewed.	29	29	119
Rate	96.6%	3.4%	75.6%

CONCLUSIONS

The 2019 data shows a continuation of excellent oral healthcare services overall. All but one indicator was well above the established threshold for compliance with applicable guidelines and expectations. Phase 1 treatment plans and completed oral health examinations were well documented. Periodontal screening/ examination did increase from 50% to 86% this year. Oral instruction and smoking cessation is a fairly new data element starting in 2017, it was assessed at a compliance rate of 24% in 2017 (81%, 2018), and continues to show maintained compliance at 74.8% this year.

Umair A. Shah, M.D., M.P.H.
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Oral Health Care-Rural Target Chart Review FY 2019

Ryan White Part A Quality Management Program–Houston EMA

November 2020

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HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

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Introduction

Part A funds of the Ryan White Care Act are administered in the Houston Eligible Metropolitan Area (EMA) by the Ryan White Grant Administration Section of Harris County Public Health. During FY 19, a comprehensive review of client dental records was conducted for services provided between 3/1/19 to 2/29/20. This review included one provider of Adult Oral Health Care that received Part A funding for rural-targeted Oral Health Care in the Houston EMA.

The primary purpose of this annual review process is to assess Part A oral health care provided to people living with HIV in the Houston EMA. Unlike primary care, there are no federal guidelines published by the U.S Health and Human Services Department for oral health care targeting people living with HIV. Therefore, Ryan White Grant Administration has adopted general guidelines from peer-reviewed literature that address oral health care for people living with HIV, as well as literature published by national dental organizations such as the American Dental Association and the Academy of General Dentistry, to measure the quality of Part A funded oral health care. The Ryan White Grant Administration Project Coordinator for Clinical Quality Improvement (PC/CQI) performed the chart review.

Scope of This Report

This report provides background on the project, supplemental information on the design of the data collection tool, and presents the pertinent findings of the FY 19 oral health care chart review. Any additional data analysis of items or information not included in this report can likely be provided after a request is submitted to Ryan White Grant Administration.

The Data Collection Tool

The data collection tool employed in the review was developed through a period of in-depth research and a series of working meetings between Ryan White Grant Administration. By studying the processes of previous dental record reviews and researching the most recent HIV-related and general oral health practice guidelines, a listing of potential data collection items was developed. Further research provided for the editing of this list to yield what is believed to represent the most pertinent data elements for oral health care in the Houston EMA. Topics covered by the data collection tool include, but are not limited to the following: basic client information, completeness of the health history, hard & soft tissue examinations, disease prevention, and periodontal examinations.

The Chart Review Process

All charts were reviewed by the PC/CQI, a Master's-level registered nurse experienced in identifying documentation issues and assessing adherence to published guidelines. The collected data for each site was recorded directly into a preformatted database. Once all data collection was completed, the database was queried for analysis. The data collected during this process is intended to be used for the purpose of service improvement.

The specific parameters established for the data collection process were developed from HIV-related and general oral health care guidelines available in peer-reviewed literature, and the professional experience of the reviewer on standard record documentation practices. Table 1 summarizes the various documentation criteria employed during the review.

Table 1. Data Collection Parameters

Review Area	Documentation Criteria
Health History	Completeness of Initial Health History: includes but not limited to past medical history, medications, allergies, substance use, HIV MD/primary care status, physician contact info, etc.; Completed updates to the initial health history
Hard/Soft Tissue Exam	Findings—abnormal or normal, diagnoses, treatment plan, treatment plan updates
Disease Prevention	Prophylaxis, oral hygiene instructions
Periodontal screening	Completeness

The Sample Selection Process

The sample population was selected from a pool of 326 unduplicated clients who accessed Part A oral health care between 3/1/19 and 2/29/20. The medical charts of 75 of these clients were used in the review, representing 23% of the pool of unduplicated clients.

In an effort to make the sample population as representative of the actual Part A oral health care population as possible, the EMA's Centralized Patient Care Data Management System (CPCDMS) was used to generate a list of client codes to be reviewed. The demographic make-up (race/ethnicity, gender, age) of clients accessing oral health services between 3/1/19 and 2/29/20 was determined by CPCDMS, which in turn allowed Ryan White Grant Administration to generate a sample of specified size that closely mirrors that same demographic make-up.

Characteristics of the Sample Population

The review sample population was generally comparable to the Part A population receiving rural-targeted oral health care in terms of race/ethnicity, gender, and age. It is important to note that the chart review findings in this report apply only to those who received rural-targeted oral health care from a Part A provider and cannot be generalized to all Ryan White clients or to the broader population of people living with HIV. Table 2 compares the review sample population with the Ryan White Part A rural-targeted oral health care population as a whole.

	Sample		Ryan White Part A EMA	
	Number	Percent	Number	Percent
Race/Ethnicity				
African American	34	45.3%	143	43.9%
White	39	52%	177	54%
Asian	1	1.3%	2	.6%
Native Hawaiian/Pacific Islander	0	0%	0	0%
American Indian/Alaska Native	1	1.3%	3	.9%
Multi-Race	0	0%	1	.3%
	75		326	
Hispanic Status				
Hispanic	20	26.7%	79	24.2%
Non-Hispanic	55	73.3%	247	75.8%
	75		326	
Gender				
Male	52	69.3%	217	66.56%
Female	22	29.3%	105	32.2%
Transgender	1	1.3%	4	1.2%
	75		326	
Age				
<=24	1	1.3%	14	4.3%
25 – 34	15	20%	74	22.7%
35 – 44	21	28%	86	26.4%
45 – 49	9	12%	50	15.3%
50 – 64	25	33.3%	89	27.3%
65+	4	5.3%	13	4%
	75		326	

Findings

Clinic Visits

Information gathered during the FY 19 chart review included the number of visits during the study period. The average number of oral health visits per patient in the sample population was five.

Health History

A complete and thorough assessment of a client's medical history is essential. Such information, such as current medications or any history of alcoholism for example, offers oral health care providers key information that may determine the appropriateness of prescriptions, oral health treatments and procedures.

Assessment of Medical History

	2017	2018	2019
Primary Care Provider	100%	97%	100%
Medical/Dental Health History*	95%	100%	99%
Medical History 6 month Update	100%	96%	95%

*HIV/AIDS Bureau (HAB) Performance Measures

Health Assessments

	2017	2018	2019
Vital Signs	99%	100%	100%
CBC documented	97%	92%	96%
Antibiotic Prophylaxis Given if Indicated		0% (0/1)	100% (1/1)

Prevention and Detection of Oral Disease

Maintaining good oral health is vital to the overall quality of life for people living with HIV because the condition of one's oral health often plays a major role in how well patients are able to manage their HIV disease. Poor oral health due to a lack of dental care may lead to the onset and progression of oral manifestations of HIV disease, which makes maintaining proper diet and nutrition or adherence to antiretroviral therapy very difficult to achieve. Furthermore, poor oral health places additional burden on an already compromised immune system.

	2017	2018	2019
Oral Health Education*	99%	99%	99%
Hard Tissue Exam	88%	96%	92%
Soft Tissue Exam	88%	96%	92%
Periodontal screening*	81%	97%	94%
X-rays present	92%	99%	88%
Treatment plan*	99%	99%	100%

*HIV/AIDS Bureau (HAB) Performance Measures

Phase I Treatment Plan Status

Twenty clients had a Phase I Treatment plan.

	2019
Phase I Treatment plan complete*	55%
Dental procedures done, additional procedures needed	35%
No procedures done	10%

*HIV/AIDS Bureau (HAB) Performance Measures

Conclusions

Overall, oral health care services continues its trend of high quality care. The Houston EMA oral health care program has established a strong foundation for preventative care and we expect continued high levels of care for Houston EMA clients in future.

Appendix A – Resources

Dental Alliance for AIDS/HIV Care. (2000). *Principles of Oral Health Management for the HIV/AIDS Patient*. Retrieved from: http://aidsetc.org/sites/default/files/resources_files/Princ_Oral_Health_HIV.pdf.

HIV/AIDS Bureau. (2019). *HIV Performance Measures*. Retrieved from: <http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>.

Mountain Plains AIDS Education and Training Center. (2013). Oral Health Care for the HIV-infected Patient. Retrieved from: <http://aidsetc.org/resource/oral-health-care-hiv-infected-patient>.

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**FY 2019 PERFORMANCE MEASURES
RYAN WHITE GRANT ADMINISTRATION
HARRIS COUNTY PUBLIC HEALTH (HCPH)**

**Oral Health Care
All Providers**

Clinical Chart Review Measures*	FY 2018	FY 2019
100% of oral health clients will have a dental and medical health history (initial or updated) at least once in the measurement year	95%	100%
90% of oral health clients will have a dental treatment plan developed and/or updated at least once in the measurement year	99%	99%
85% of oral health clients will receive oral health education at least once in the measurement year	99%	99%
90% of oral health clients will have a periodontal screen or examination at least once in the measurement year	81%	97%
50% oral health clients will have a Phase 1 treatment plan that is completed within 12 months	27%	34%

* To review the full FY 2019; chart review reports, please visit:
<https://publichealth.harriscountytx.gov/Services-Programs/Programs/RyanWhite/Quality>

HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

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Short Bites: HIV Oral Health and COVID-19

December 23, 2020

Mark S. Schweizer, DDS, MPH (</member/markschweizer>), Southeast AETC (</aetc-program/southeast-aetc>)

The relationship between oral health and overall health has been well established for many comorbidities including diabetes and cardiovascular disease.

We are still learning about COVID-19 and how it affects people living with HIV. Based on limited data, people with HIV who are on effective HIV treatment have the same risk for COVID-19 as people who do not have HIV.

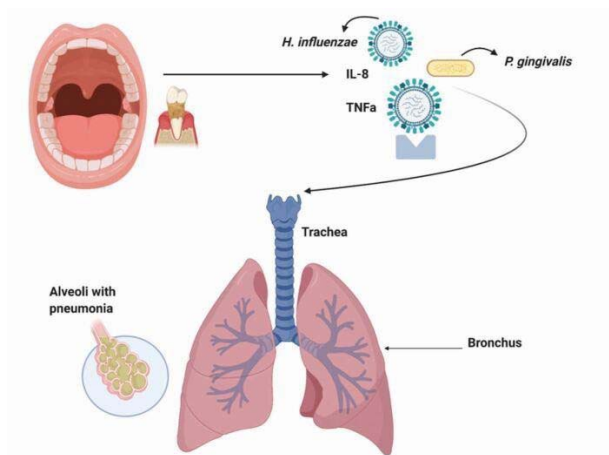
Older adults and people of any age who have serious underlying medical conditions might be at increased risk (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>) for severe illness. This includes people who have weakened immune systems. The risk for people with HIV getting very sick is greatest in

- People with a low CD4 cell count, and
- People not on effective HIV treatment (antiretroviral therapy or ART).

Several recent studies indicate that a potential relationship exists between oral health, specifically periodontal disease, and severity of COVID-19 symptoms. A summary of these studies is:

- There is a potential link between SARS-CoV-2 and bacterial load, questioning whether bacteria may play a role in bacterial superinfections and complications such as pneumonia, acute respiratory distress syndrome and sepsis.
- Bacteria that colonize the mouth are shed into the saliva. The pathogenic bacteria within the saliva can then be aspirated into the lower respiratory tract and cause or aggravate an infection.
- Comorbidities at highest risk of COVID-19 complications also cause imbalances in the oral microbiome and increase the risk of periodontal disease.
- In addition, high bacterial load in the mouth may exacerbate post-viral complications.

This stresses the importance of patients living with HIV maintaining good oral health and visiting their dentists on a regular basis. The below diagram illustrates how bacteria from the oral cavity and inflammatory cytokines have affected the lungs.



The below references explore this relationship between oral health and COVID- 19.

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Viviana Pitones-Rubio, E.G. Chávez-Cortez, Angélica Hurtado-Camarena, Anna González-Rascón, Nicolás Serafín-Higuera, Is periodontal disease a risk factor for severe COVID-19 illness? *Medical Hypotheses*, Volume 144, 2020, 109969, ISSN 0306-9877, <https://doi.org/10.1016/j.mehy.2020.109969> (<https://doi.org/10.1016/j.mehy.2020.109969>).

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